

Relocation Assistance Voucher

Agency Name: City/County Address		I hereby certify under penalty of perjury that the items and amounts listed herein are proper charges against the city/county. That the same or any part thereof has not been paid, and that I am authorized to sign for the claimant. I further certify that I am a citizen of the United States of America or am an alien lawfully present in the United States of America.	
Displaced Person(s) or Claimant (Name, address with zip + 4 to which payment will be sent)		Signature (Blue ink) Include TIN number each claimant	
		Date	
		SSN/TIN:	
Project Title:			
Parcel No.:		Displacee No.:	
		Date Parcel Vacated:	
Replacement Housing Payments			\$ Amounts
Replacement housing – 180 day owner			\$
Increased interest			\$
Incidentals			\$
Last resort housing – owner			\$
Rental assistance – 90 day tenants and certain others			\$
Down payment assistance – 90 day tenants and certain others			\$
Last resort housing – tenants			\$
Comments / other (describe):			\$
Moving Expense Payments			\$ Amounts
Schedule / dislocation allowance - residential			\$
Actual expenses / commercial – residential			\$
Payment in lieu of all other moving expenses – business/farm/npo			\$
Actual costs / commercial / negotiated cost– business/farm/npo			\$
Reestablishment costs – business/farm/npo			\$
Personal property only			\$
Comments / other (describe):			\$
Deductions:			- \$
			TOTAL → \$

Invoice No.:			Date:			Amount:				
ACCOUNT CLASSIFICATION										
PARCEL	JOB NUMBER		WORK OP	ACCOUNT		CONTROL SECTION	ORG. NO.	NON-PART	TOTALS DOLLARS	
	WORK ORDER	GRP		OBJ	SUB					
									\$	
									\$	
									\$	
									\$	
RELOCATION SPECIALIST:				DATE:		TOTAL → \$				
RELOCATION SUPERVISOR:			DATE:		REGION REAL ESTATE MANAGER:			DATE:		
<p>I, the undersigned, certify that the above are correct, that the payment is necessary for the above relocation assistance, that it has been performed in accordance with prescribed procedures, and that this payment is not considered income or resources to a "DISPLACED PERSON" pursuant to Section 216 of Public Law 91-646 and RCW 8.26.140.</p> <p>DIRECTOR, REAL ESTATE SERVICES</p> <p>By: _____</p>										
Assistant Director for Relocation Assistance					Date		Warrant Register No.:		Voucher No.:	